

1252

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 47
Registrar's No. 86

1. Place of Death: (a) County Cochise (b) City or Town Tintown (c) Location 42 B Tintown-Bisbee
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution none; In Community 23 years; In Arizona 23 years
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona (b) County Cochise (c) City or Town Tintown
(If outside city limits also write RURAL)

(d) Street No. 42 B 2 street (e) Citizen of foreign country (Yes or No) no
If Yes, which country 516-07-0696

3. (a) FULL NAME Jose Borbon (b) If Veteran no (c) Social Security No. 516-07-0696

4. Sex male 5. Race White ☒ Indian ☐ Negro ☐ ☐ Oriental ☐ 6. (a) Single, married, widowed or divorced married

6. (b) Name of husband or wife Romula Borbon 6. (c) Age of husband or wife, if alive 50 yrs.

7. Birthdate of deceased March, 19, 1894
(Month) (Day) (Year)

8. AGE: Years 52 Months -- Days 28 If less than one day
hrs. min.

9. Birthplace Arizpe, Sonora, Mexico
(City, town or county) (State or Country)

10. Usual Occupation miner

11. Industry or Business

Father { 12. Name Benito Borbon
13. Birthplace Arizpe, Sonora, Mexico
(City, town or county) (State or Country)

Mother { 14. Maiden Name Refugia Vasquez
15. Birthplace Arizpe, Sonora, Mexico
(City, town or county) (State or Country)

16. (a) Informant's own signature Jose Borbon
(b) Address 948 First St. Douglas, Ariz.

17. (a) Burial, Cremation or Removal Burial
(b) Place Lowell Ariz (c) Date Dec 1, 1946

18. (a) Embalmer's Signature Hughson
(b) Funeral Director Hughson
(c) Address Bisbee, Arizona.

19. (a) Dec 2 - 1946
(Date received Local Registrar)
(b) Margaret A. Bradley
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) November 29, 19 46
TIME (Hour and minute) 8:30 A.M.

21. I hereby certify that I attended the deceased from November, 19 45 to Nov. 29, 19 46.
that I last saw him alive on Nov. 29, 19 46
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Chr. Myocardial +
Valvular disease

Other conditions (include pregnancy within three months of death)

Major findings:
Of operations

Of autopsy

DURATION
2 hrs
15 yrs.

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type or place)

While at work? (e) Means of injury

23. Signature Joseph Salva M.D.
Address Bisbee, Ariz. Date signed 11/28/46